| | Connecticut D | epartment of | Public Health | Drink | ing Wa | ater Se | ction | | |
|-----------------------|--------------------------|--------------------|----------------------|----------|------------|-----------------|-------------------|--------------|--|
| | | • | oring and Com | | Ŭ | | | | |
| PWS ID | PWS Name | eccurey 1 101110 | | | | | ner Type Pr | imary Source | |
| CT0210024 | 251 ROUTE 7 S | | | NC | | 25 | Р | GW | |
| Local Address (w | vhere applicable) | | Service Resident | ial Comm | nercial In | ndustrial | Combined | Agricultural | |
| 251 ROUTE 7 SO | | | Connections | - | 1 | | | | |
| Towns Served: C | CANAAN | | | 1 | | - | | | |
| | | Monito | oring Requiremen | its | | | | | |
| Water System | Facility: DISTRIBUTI | ON SYSTEM (WSF I | D: 00600) | | | | | | |
| Total Coliform | n (3100) | | | | | 1 rou | tine (RT) p | er quarter | |
| Sampling P | Point (Sampling Point ID |) | Monitorin | g Period | Collect | ion Period | Complic | ance Status | |
| Select from | Inventory of Active San | npling Points | 10/1/18 - 1 | 12/31/18 | | | Cor | mplete | |
| | | | 1/1/19 - 3 | 3/31/19 | | | Cor | mplete | |
| | | | 4/1/19 - 0 | 5/30/19 | | | | | |
| | | | 7/1/19 - 9 | 9/30/19 | | | | | |
| Physical Parar | meters (PPS) | | | | | 1 rou | tine (RT) p | er quarter | |
| Sampling P | Point (Sampling Point ID |) | Monitorin | Collect | ion Period | Complic | Compliance Status | | |
| Select from | Inventory of Active San | npling Points | 10/1/18 - 1 | | | Complete | | | |
| | | | 1/1/19 - 3 | | | Cor | mplete | | |
| | | | 4/1/19 - 6 | | | | | | |
| | | | 7/1/19 - 9 | 9/30/19 | | | | | |
| Water System | Facility: ENTRY POIN | NT (WSF ID: 00700) | | | | | | | |
| Nitrate And N | • • | | | | | | | T) per year | |
| | Point (Sampling Point ID |) | Monitorin | _ | Collect | ion Period | | ance Status | |
| ENTRY POII | NT (3) | | 1/1/18 - 1 | | | | | Complete | |
| | | | 1/1/19 - 1 | | Complete | | | | |
| | | | 1/1/20 - 1 | | | | | | |
| | | Other Co | ompliance Schedi | ules | | | | | |
| Compliance Sch | edule Activity | | D | ue Date | | Achieved | Date | | |
| CROSS CONNEC | TION SURVEY REPORT | | 3, | /1/2020 | | | | | |
| | Wat | er System Facili | ty and Sampling | Point Ir | nvento | ry | | | |
| Water | | | | | Total | Lead and | | | |
| , | er System Facility | Sampling Point | | | Coliform | Copper | Achestas | Stage | |
| Facility ID | NOUTION SYSTEM | ID | Description | Status | | Rule Her | Aspestos | WQP 2 DBPR | |
| 00600 DISTF | RIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Υ | | | | |
| | | | WITHIN 5 SERVICE CON | A | V | N. | V | | |
| | | MTSCAFE 001 | KITCHEN HANDWASH 1 | A | Y | N | Y | | |
| | | MTSCAFE 002 | KITCHEN HANDWASH 2 | A | Y | N | Y | | |
| | | MTSCAFE 003 | MENS ROOM | A | Y | N | Y | | |
| | | MTSCAFE 004 | LADIES ROOM | A | Y | N | Y | | |
| | | MTSCAFE 005 | KITCHEN PREP | A | Υ | N | Υ | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |

| Contact Information | | | | | | | | | | |
|--|--|----------------|------|-----------|----------|--|--|--|--|--|
| Name | | Organization | | Job Title | | | | | | |
| Artisanal Foods LLC | | | | | | | | | | |
| Mailing Address Line One Mailing Address | | dress Line Two | City | State | Zip Code | | | | | |

ENTRY POINT

WELL

Α

Α

3

2

00700 ENTRY POINT

20452 WELL

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| (| Connectic | ut Depa | rtment | of l | Public | Health | Drii | nking | Water | Sectio | n | |
|--------------------------|------------------|-------------|-------------|--------|------------|------------------------|----------|---------------|-------------|--------------|------|--------------|
| | Wa | ter Qua | lity Mor | nito | ring a | nd Con | nplia | nce S | chedul | le | | |
| PWS ID | PWS Name | | | | | | Classif | ication | Population | Owner Typ | e Pi | imary Source |
| CT0210024 | 251 ROUTE 7 S | | | | | | N | IC | 25 | Р | | GW |
| Local Address (wh | here applicable) | | | | Service | Resider | ntial Co | mmercia | al Industri | al Comb | ned | Agricultural |
| 251 ROUTE 7 SOL | JTH | | | | Connection | ns | | 1 | | | | |
| Towns Served: CA | ANAAN | | | | | | ' | | | | | |
| 347 West 36Th St | treet Sduite 160 | 1 | | | | | | New Yo | rk | NY | | 10018 |
| Business Phone | e Extension | Fax | M | lobile | Phone | Emergency | y Phone | Email Address | | | | |
| Contact Role(s): | Owner | | | | | | | | | | | |
| Name | | | | Org | ganization | | | | | Job T | itle | |
| Mr. John Steele | | | | Мо | untainside | de Director Operations | | | | | | |
| Mailing Address L | ine One | | Mailing Add | lress | Line Two | | | City | | Stat | е | Zip Code |
| P.O. Box 717 187 Route 7 | | | 7 | Car | | Canaan | | СТ | | 06018 | | |
| Business Phone | Extension | Fax | М | lobile | Phone | Emergency | y Phone | Email A | ddress | , | | |
| 860-824-1397 | | 888-848- | 2850 | | | 860-558 | -8636 | john.st | eele@mour | ntainside.cc | m | |
| Contact Role(s): | Administrative | Contact Les | al Contact | | | | | | | | | |

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
|------------------|-------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0210044 | 172 ROUTE 7 N | | | | NC | 25 | Р | GW |
| Local Address (v | vhere applicable) | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| 172 ROUTE 7 N | | Connections | | | 1 | | | |

Towns Served: CANAAN

| Monitoring Requirements | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--|--|--|--|--|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | | | | | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete | | | | | |
| | 1/1/19 - 3/31/19 | | Complete | | | | | |
| | 4/1/19 - 6/30/19 | | | | | | | |
| | 7/1/19 - 9/30/19 | | | | | | | |
| Physical Parameters (PPS) | | 1 routine (RT) per q | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete | | | | | |
| | 1/1/19 - 3/31/19 | | Complete | | | | | |
| | 4/1/19 - 6/30/19 | | | | | | | |
| | 7/1/19 - 9/30/19 | | | | | | | |
| Water System Facility: ENTRY POINT - WELL 2 (WSF ID: 00701) | | | | | | | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | |
| EP - WELL 2 (3) | 1/1/18 - 12/31/18 | | Complete | | | | | |
| | 1/1/19 - 12/31/19 | | Complete | | | | | |

| Public Notification Requirements | | | | | | | | | | | |
|--|------------|--------|-----------|-------------------|------------|-----------------|--|--|--|--|--|
| | Compliance | Notice | Public No | <u>tification</u> | PN Certi | <u>fication</u> | | | | | |
| Violation/Situation | Period | Tier | Required | Performed | Due to DPH | Received | | | | | |
| Coli 4/1/18 - 6/30/18 3 8/31/2019 9/10/201 | | | | | | | | | | | |

1/1/20 - 12/31/20

| Water | VVC | iter System racin | ity and Sampling P | Onit ii | Total | Lead and | | |
|--------------------|-----------------------|----------------------|----------------------------|---------|----------|---------------------|----------|--------------|
| System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Coliform | Copper Rule Tier | Asbestos | tage DBPF |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| | | SP2 | FRONT HAND SINK | Α | Υ | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| 00701 | ENTRY POINT - WELL 2 | 3 | EP - WELL 2 | Α | | | | |
| 54110 | WELL 2 | 2 | WELL 2 | Α | | | | |
| 54113 | TREATMENT PLANT | | | | | | | |
| 54115 | PRESSURE TANK | | | | | | | |

| Contact Information | | | | | | | | | | | | |
|---------------------------------------|--------------------------|---------------|-------------|-------|-------|----------|--|--|--|--|--|--|
| Name | Organization Job Title | | | | | | | | | | | |
| Mr. Ahmed Amer Almasoudi | Mr. Ahmed Amer Almasoudi | | | Owner | | | | | | | | |
| Mailing Address Line One Mailing Addr | | ress Line Two | | City | State | Zip Code | | | | | | |
| 172 Route 7 N | | | Falls Villa | age | СТ | 06031 | | | | | | |
| | | | | | | | | | | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| Conne | cticut Depa | rtment of | Public F | lealth | Di | rinking | g Water | Section | |
|---|-----------------|-------------|----------------|---------------|---------------|--------------------|--------------|------------|-----------------|
| | Water Qual | lity Monito | oring an | d Con | npl | iance S | Schedul | le | |
| PWS ID PWS Name | | | | | Clas | ssification | Population | Owner Type | Primary Source |
| CT0210044 172 ROUT | 4 172 ROUTE 7 N | | | | | NC | 25 | Р | GW |
| Local Address (where applic | able) | | Service Reside | | ntial Commerc | | ial Industri | al Combine | ed Agricultural |
| 172 ROUTE 7 N | | | Connections | | | 1 | | | |
| Towns Served: CANAAN | | | | | | | | | |
| Business Phone Extension Fax Mobile Phone Eme | | | | mergency | / Pho | one Email <i>i</i> | Address | | |
| 860-824-4661 | | | | | | | | | |

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule